SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature Agent Addressee B. Received by (in Arinted Name) C. Date of Delivery D. Is delivery address different from item 1?
1. Article Addressed to: MICHEUE AGUILAR	If YES, enter delivery address below:
MICHELLE AGUILAR 13901 MIDWAY PD DALVAS, TX 75244	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
3:09CN400	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7005 0390 0003 6071 9684	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	

